# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 28, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # N05000010283

1. Entity Name
MANOTAK OAKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
12627 SAN JOSE BLVD
#501
JACKSONVILLE, FL 32223

Mailing Address
MAY MANAGEMENT SERVICES
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3800122
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**10.** OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | JAMES, TROY |
| STREET ADDRESS | 1442 MONOTACK POINTE DR #104 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | VP |
| NAME | FAISON, TASSIE |
| STREET ADDRESS | 1448 SIDUX LOOKOUT DRIVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32205 |
| TITLE | ST |
| NAME | GONSTANTIN, MICHELLE |
| STREET ADDRESS | 6788 MONOTAK OAKS DR. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** Troy James, Officer 02-15-07 (904) 868-5681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #